



Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. of: Stinson, Jonathan S. Art Group: 3731
Serial No.: 10/038,640 Examiner: Bradford C. Pantuck
Filed: January 4, 2002 Atty. Docket: 23,369-110
For: Prostheses Implantable in Enteral Vessels

TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed for filing please find the following:

1. Amendment (18 pages), consisting of Cover Page (1 page), Listing of the Claims (9 pages) and Remarks (7 pages), and Certificate of Mailing (1 page);
2. Request for Extension of Time (2 pages);
3. Fee Transmittal FY2005;
4. Check in the amount of \$120.00 for the one-month extension fee; and
5. Return Receipt Post Card.

The Commissioner is authorized to charge any additional fees necessitated by this correspondence, or credit any overpayment, to Deposit Account No. 12-0449.

Please direct any questions or comments to Frederick W. Niebuhr at (952) 896-1574.

Respectfully submitted,

Scimed Life Systems, Inc.

Dated: June 20, 2005

By: _____

Frederick W. Niebuhr
Registration No. 27,717
Customer No. 23452

CERTIFICATE OF MAILING

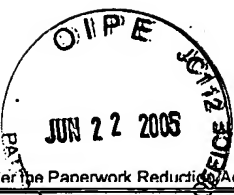
Pursuant to 37 CFR 1.8, I hereby certify that this Transmittal and accompanying documents (listed as items #1-5 above) in Application Serial No. 10/038,640 are being deposited with the U.S. Postal Service by first class mail, postage prepaid, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of deposit indicated below.

Date of Deposit: June 20, 2005



Geraldyn M. Vita

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	0/038,640
		Filing Date	January 4, 2002
		First Named Inventor	Jonathan S. Stinson
		Examiner Name	Bradford C. Pantuck
		Art Unit	3731
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	23369-110
TOTAL AMOUNT OF PAYMENT		(\$)	120.00

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0449</u> Deposit Account Name: <u>Larkin Hoffman Daly & Lindgren Ltd.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - 20 or HP = _____		x _____	= _____		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 or HP = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____		/ 50 = _____	(round up to a whole number) x _____		= _____		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): <u>One Month Extension Fee</u>							<u>\$120.00</u>

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) <u>27,717</u>
Name (Print/Type)	Frederick W. Niebuhr	Telephone <u>952-896-1574</u>
		Date <u>June 20, 2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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